

IDENTIFICATION INFORMATION FORM (DEPENDENCY CASES)

As Required by RCW 26.50

Information used only by the clerk to enter the case in the Judicial Information System Database for the State of Washington.
[RCW 26.50 and specifically 26.50.020(5)]

Case No.

This document will not be filed into the court legal file. The database in which it is recorded is available only to the courts. This information is to identify the parties and household members involved in this case. It is intended to protect children and to prevent the issuing of competing orders by providing Courts with relevant information about the parties and related court cases. Type or print clearly. Use the full legal name for the parties. Addresses (residential and/or mailing*) must include city, state and zip code. Birth dates and driver's license/Washington ID numbers of parties and any minor children or household members are very important. Social security numbers are optional.

DEPENDENT INFORMATION

Name of Dependent (Last, First, Middle)

Current Address				City	State	Zip Code	Home Phone: ()
Birthdate	Driver's License Number/Identification Card Number					State	Work Phone: ()
Social Security Number	Sex	Race	Height	Weight	Eye Color	Hair Color	Mother's Maiden Name:
Relationship to Parent/Guardian 1		Relationship to Parent/Guardian 2		Relationship to Parent/Guardian 3			

PARENT 1/GDN INFORMATION

Name of Dependent (Last, First, Middle)

Current Address				City	State	Zip Code	Home Phone: ()
Birthdate	Driver's License Number/Identification Card Number					State	Work Phone: ()
Social Security Number	Sex	Race	Height	Weight	Eye Color	Hair Color	Mother's Maiden Name:
Relationship to Dependent		Relationship to Parent/Guardian 2		Relationship to Parent/Guardian 3			

PARENT 2/GDN INFORMATION

Name of Dependent (Last, First, Middle)

Current Address				City	State	Zip Code	Home Phone: ()
Birthdate	Driver's License Number/Identification Card Number					State	Work Phone: ()
Social Security Number	Sex	Race	Height	Weight	Eye Color	Hair Color	Mother's Maiden Name:
Relationship to Dependent		Relationship to Parent/Guardian 1		Relationship to Parent/Guardian 3			

PARENT 3/GDN INFORMATION

Name of Dependent (Last, First, Middle)

Current Address				City	State	Zip Code	Home Phone: ()
Birthdate	Driver's License Number/Identification Card Number					State	Work Phone: ()
Social Security Number	Sex	Race	Height	Weight	Eye Color	Hair Color	Mother's Maiden Name:
Relationship to Dependent		Relationship to Parent/Guardian 1		Relationship to Parent/Guardian 2			

* If you are a victim of domestic violence and wish to keep your address confidential, you may contact the Washington Secretary of State's Address Confidentiality Program at 1-800-822-1065.